FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Mailma Address

DOCUMENT # ANALOG DEVICES, INC.

FILED Feb 27 1998 8:00am Secretary of State

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ONE TECHNOLOGY WAY P.O. BOX 9108 NORWOOD MA 02062-9106		ONE TECHNOLOGY W P.O. BOX 9106	ONE TECHNOLOGY WAY				
		NORWOOD MA 02062-	9106		DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualified		
					12/31/1987		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	T	Applied For
21		26			04-2348234		Not Applicable
Suite, Apt.	#, ptc.	Suite, Apt. #, etc.	- 1 1		_	\$8.75	5 Additional
22		27			5. Certificate of Status Desired		Required
City & State	D	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution		ed to Fees
Ζ ιρ	Country	Zφ	Country	· · · · · · · · · · · · · · · ·	8. This corporation owes or has paid the c		
24	25	29	30			Y Yes	☐ No
	9. Name and Address of Curre				10. Name and Address of New Registered		
CT	CORPORATION SYSTEM		81	Name		-	
	00 S. PINE ISLAND ROAD						
			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
PL	ANTATION FL 33324		83				· · · · · · · · · · · · · · · · · · ·
			63				
			84	City		85 Zi	ip Code
					prporation submits this statement for the purpose ration's board of directors. I hereby accept the approximation is submitted to the purpose of the province of the purpose		
SIGNATURE 12.	Signature, typed or printed name of mystetrickay,	entard tille dapplicable (N ID DIRLCTORS	OTE Registered Age	ant signature req	quired when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECT	ORS IN 12
TITLE	DC	DELETE	1.1 TITLE			Change	e Addition
NAME	STATA, RAY		1.2 NAME				
STREET ADORESS	60 SCHOOLMASTER LANE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	DEDHAM MA		1.4 CITY - S				
TITLE	PD	DELETE	2.1 TITLE	11- 211		Change	e Addition
NAME	FISHMAN, JERALD G.		2.2 NAME				
STREET ADDRESS	169 HICHORY ROAD		2.3 STREET	ADDDCCC			
•	WESTON MA						
CITY-ST-ZIP TITLE	T	DELETE	2.4 CITY -: 3 1 TITLE	S1-ZIP		Change	e Addition
NAME	MARTIN, WILLIAM A	C precit	32 NAME			C Olland	C LLI MORION
	3 HARNDEN ROAD			ADODEDO			
STREET ADDRESS	FOXBORO MA		3.3 STREET	1			
CITY+\$1-ZIP	V V V V V V V V V V V V V V V V V V V	DELETE	3.4. CITY - : 4.1 TITLE	51-ZIP		Change	e Addition
	MCALOON, BRIAN	in percut				La Criarily	
NAME	10 DRAPER ROAD		4. 2 NAME				
STREET ADDRESS	DOVER MA		4.3 STREET				
CITY-ST-ZIP	DOVER MA	DELETE	4.4 CITY - S	IT-ZIP			a Addisi
TITLE		L. Detete	5.1 TITLE	1		L. Changi	e [_] Addition
NAME	BROUNTAS, PAUL P.		5.2 NAME				
STREET ADDRESS	22 CONANT ROAD		5.3 STREET				
CITY-ST-ZIP	WESTON MA		5.4 CI1Y - S	IT-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	V	DELETE	6.1 T(TLE			Change	e 🔲 Addition
NAME	MCDONOUGH, JOSEPH E.		6.2 NAME				•
STREET ADDRESS	135 FOLLEN ROAD		6.3 STREET	ADDRESS			
CITY-S1-ZIP	LEXINGTON MA		6.4 CITY - S	T-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplienced and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

2-K-58

181-4/1-4/2A